

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

IMMIGRATION REFORM FUND

ADDRESS (number and street) ▼

413 New Jersey Avenue, SE

Basement Level

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530816

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Omaira Figueroa

Signature of Treasurer

Omaira Figueroa

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

IMMIGRATION REFORM FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">283984.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">340173.15</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">40400.00</span>	<span style="border: 1px solid black; padding: 2px;">107300.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">380573.15</span>	<span style="border: 1px solid black; padding: 2px;">391284.95</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">28796.50</span>	<span style="border: 1px solid black; padding: 2px;">39508.30</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">351776.65</span>	<span style="border: 1px solid black; padding: 2px;">351776.65</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**IMMIGRATION REFORM FUND**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39500.00

99300.00

(ii) Unitemized .....

900.00

1000.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

40400.00

100300.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

7000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

40400.00

107300.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

40400.00

107300.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

40400.00

107300.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2596.50	13308.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2596.50	13308.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20200.00	20200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements .....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28796.50	39508.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28796.50	39508.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	40400.00	107300.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39400.00	106300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2596.50	13308.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2596.50	13308.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. David R. Andalcio**

Mailing Address 823 S. Monroe Street

City State Zip Code  
Hinsdale IL 60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wyndalco Enterprises

Occupation  
Founder/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. John D. Andalcio**

Mailing Address 400 N. Michigan

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wyndalco Enterprises

Occupation  
Sr. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Eduardo Arocho**

Mailing Address 2557 W. Haddon St., Garden Apt.

City State Zip Code  
Chicago IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Development Assoc

Occupation  
Board President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

## **A. Nazario Bueno**

Mailing Address 2634 S. 59th Ave.

City State Zip Code  
Cicero IL 60804-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wynndalco Enterprises, LLC

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Bridget Cacciatore**

Mailing Address 5225 Fair Elms Ave.

City State Zip Code  
Western Springs IL 60558-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Pedro J. Cevallos-Candau**

Mailing Address 850 Appletree Ct.

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primera Engineers

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Michael F. DeSantiago**

Mailing Address 100 S. Wacker Dr.  
Suite 700

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Primera Engineers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Cesar A. Dovaline Jr.**

Mailing Address 4555 S. Racine Ave.

City State Zip Code  
Chicago IL 60609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cristina Foods, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5061

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Juan Gaytan Jr.**

Mailing Address 1 Bell Oak Lane

City State Zip Code  
Lemont IL 60439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monterrey Security

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Jainish Joseph**

Mailing Address 6238 N. Keating Ave.

City State Zip Code  
Chicago IL 60646-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Century 21

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

**Transaction ID : SA11AI.5057**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gerald Koylass**

Mailing Address 6741 S. Euclid Avenue

City State Zip Code  
Chicago IL 60649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wynndalco Enterprises

Occupation

Exec VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

**Transaction ID : SA11AI.5049**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jose E. Lopez**

Mailing Address 2112 W. Thomas St.

City State Zip Code  
Chicago IL 60622-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Puerto Rico Cultural Ctr.

Occupation

Exec. Dir.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

**Transaction ID : SA11AI.5030**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Dean Martinez**

Mailing Address 3470 N. Lake Shore Dr.

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APICS

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : SA11AI.5046**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Alejandro L. Molina**

Mailing Address 1112 N. California Avenue, Fl. 2

City State Zip Code  
Chicago IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caja del Agua Studio

Occupation

Principal Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : SA11AI.5062**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sean P. Murphy**

Mailing Address 4514 S. Saint Lawrence Ave.

City State Zip Code  
Chicago IL 60653-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SP Murphy, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : SA11AI.5028**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Peter J. O'Brien Sr.**

Mailing Address 1541 N. Wells St.

City State Zip Code  
 Chicago IL 60610-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAAO Management

Occupation  
Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Hipolito Roldan**

Mailing Address 1841 S. Calumet  
 Apt. 1801

City State Zip Code  
 Chicago IL 60616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hispanic Housing Dev Corp

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. John W. Rowe**

Mailing Address 70 W. Madison  
 #5770

City State Zip Code  
 Chicago IL 60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Jesse Ruiz**

Mailing Address 1741 West Ellen Street

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drinker Biddle &amp; Reath LLP

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	7		2	0	1	5		

**Transaction ID : SA11AI.5064**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Salvatore P. Toia**

Mailing Address 1936 W. Augusta Blvd.

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leona's Restaurant

Occupation

General Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	7		2	0	1	5		

**Transaction ID : SA11AI.5065**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

39500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 23

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Fundacion Arboles Fuertes**

Mailing Address Fortaleza Street #56

City Old San Juan      State PR      Zip Code 00901

Purpose of Disbursement  
Event tickets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2015
**Transaction ID : SB21B.4952**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 2211 N First St

City San Jose      State CA      Zip Code 95131

Purpose of Disbursement  
Office expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015
**Transaction ID : SB21B.4966**

Amount of Each Disbursement this Period

182.90

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 2211 N First St

City San Jose      State CA      Zip Code 95131

Purpose of Disbursement  
Office expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2015
**Transaction ID : SB21B.4968**

Amount of Each Disbursement this Period

7.99

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1190.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## IMMIGRATION REFORM FUND



Food Type	Number of People
Vegetables	10
Fruits	8
Grains	7
Meat	7.99

Category/  
Type

MM / DD / YYYY

258.66

Category/  
Type

200.60

Category/  
Type

Age Group	Percentage
18-24	26.65
25-34	22.22
35-44	16.67
45-54	11.11
55-64	8.89
65-74	5.56
75-84	3.33
85+	1.11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

IMMIGRATION REFORM FUND

### A. PNC Business Card

Transaction ID : SB21B.4978

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

35.28

Full Name (Last, First, Middle Initial)

### B. PNC Business Card

Three digital displays showing the date 09/15/2015 in MM/DD/YYYY format. The first display shows '09' with 'M' indicators above it. The second display shows '15' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Transaction ID : SB21B.4982

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

29.00

Full Name (Last, First, Middle Initial)

### C. NationBuilder

Transaction ID : SB21B.4982.0

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

[MEMO ITEM]

64.28

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 23

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. PNC Business Card**

Mailing Address PO Box 856177

City Louisville   State KY   Zip Code 40285

Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2015
**Transaction ID : SB21B.4984**

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City Los Angeles   State CA   Zip Code 90013

Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2015
**Transaction ID : SB21B.4984.0**

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City Louisville   State KY   Zip Code 40285

Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015
**Transaction ID : SB21B.4986**

Amount of Each Disbursement this Period

340.15

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

369.15



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 23

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City Los Angeles      State CA      Zip Code 90013

Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2015
**Transaction ID : SB21B.4986.0**

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Bistro Bis**

Mailing Address 15 E St NW

City Washington      State DC      Zip Code 20001

Purpose of Disbursement  
Meal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2015
**Transaction ID : SB21B.4986.1**

Amount of Each Disbursement this Period

220.90

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City Louisville      State KY      Zip Code 40285

Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015
**Transaction ID : SB21B.5011**

Amount of Each Disbursement this Period

49.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City Los Angeles      State CA      Zip Code 90013

Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      20      2015
**Transaction ID : SB21B.5011.0**

Amount of Each Disbursement this Period

49.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Winpisinger & Associates, Inc.**

Mailing Address 315 Inspiration Lane

City Gaithersburg      State MD      Zip Code 20878

Purpose of Disbursement  
Administrative/Compliance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      06      2015
**Transaction ID : SB21B.4949**

Amount of Each Disbursement this Period

356.25

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
356.25  
2296.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. GUTIERREZ FOR CONGRESS**

Mailing Address 5310 W. CULLOM AVE.

City	State	Zip Code
CHICAGO	IL	60641

Purpose of Disbursement  
Contribution

Candidate Name

**LUIS V GUTIERREZ**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2015

**Transaction ID : SB23.4955**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GUTIERREZ FOR CONGRESS**

Mailing Address 5310 W. CULLOM AVE.

City	State	Zip Code
CHICAGO	IL	60641

Purpose of Disbursement  
Contribution

Candidate Name

**LUIS V GUTIERREZ**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2015

**Transaction ID : SB23.4956**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City	State	Zip Code
Louisville	KY	40285

Purpose of Disbursement  
Credit card (see below)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

**Transaction ID : SB23.4995**

Amount of Each Disbursement this Period

15200.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20200.00
----------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. SALUD CARBAJAL FOR CONGRESS**

Mailing Address PO BOX 1290

City	State	Zip Code
SANTA BARBARA	CA	93102

Purpose of Disbursement  
Contribution

Candidate Name

**SALUD CARBAJAL**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : SB23.4995.0**

Amount of Each Disbursement this Period

2700.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. GALLEG0 FOR ARIZONA**

Mailing Address PO BOX 1710

City	State	Zip Code
PHOENIX	AZ	85001

Purpose of Disbursement  
Contribution

Candidate Name

**RUBEN GALLEG0**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : SB23.4995.1**

Amount of Each Disbursement this Period

2500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PETE AGUILAR FOR CONGRESS**

Mailing Address PO BOX 10954

City	State	Zip Code
SAN BERNARDINO	CA	92423

Purpose of Disbursement  
Contribution

Candidate Name

**PETE AGUILAR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : SB23.4995.2**

Amount of Each Disbursement this Period

2500.00
---------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NORMA TORRES FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address 728 W EDNA PLACE

City	State	Zip Code
COVINA	CA	91722

**Transaction ID : SB23.4995.3**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**NORMA TORRES**Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 35

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. DCCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City	State	Zip Code
WASHINGTON	DC	20003

**Transaction ID : SB23.4995.4**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

20200.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

## IMMIGRATION REFORM FUND

Age Group	Number of people
13-17	~850
18-24	~950
25-34	~800
35-44	~750
45-54	~650
55-64	~550
65-74	~450
75-84	~350
85+	~250

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Robert Menendez Legal Expense Trust**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : SB29.4957**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00
---------

**TOTAL** This Period (last page this line number only).....▶

5000.00
---------